



Alaska Child and Adult Care
Food Program
(CACFP)

CACFP Annual Training FY17
for Child, Adult, & OSHC Centers— Part 1



WELCOME & EED UPDATES

Staff updates

- Dept. of Education Commissioner, Dr. Michael Johnson
- Education Assistant, Cyde Coil
- Grants Administrator III, Karla Stephens

ANNUAL TRAINING REQUIRED

- Representative from each agency must attend
- Refresher for returning staff
 - Administrative requirements
 - Civil Rights
 - Procurement and budgeting
 - Other topics per state review trends

USDA — CHILD AND ADULT CARE FOOD PROGRAM



Legislation

Regulations

Instructions

Policy Memos

Guidance

USDA — CHILD AND ADULT CARE FOOD PROGRAM

Regulations

Title 7 Code of Federal Regulations (CFR) Part 226

<http://www.ecfr.gov/cgi-bin/text-idx?SID=35b8424ada96ad0180598ad78242be0e&mc=true&node=pt7.4.226&rqn=div5>

The screenshot displays the GPO's Federal Digital System (FDSys) interface. The top navigation bar includes links for About GPO, Newsroom/Media, Congressional Relations, Inspector General, Careers, Contact, askGPO, and Help. The main header features the GPO logo and the text "U.S. GOVERNMENT PUBLISHING OFFICE | Keeping America Informed". Below this, a secondary navigation bar lists Home, Customers, Vendors, and Libraries.

The left sidebar contains the following sections:

- FDSys:**
 - GPO's Federal Digital System
 - About FDSys
 - Search Government Publications
 - Browse Government Publications
- e-CFR Navigation Aids**
 - Browse / Search Previous
 - Browse
 - Simple Search
 - Advanced Search
 - * Boolean
 - * Proximity
 - Search History
 - Search Tips
 - Corrections
 - Latest Updates
 - User Info
 - FAQs
 - Agency List
 - Incorporation By Reference
- Related Resources**
 - The Code of Federal Regulations (CFR) annual edition is the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government produced by the Office of the Federal Register (OFR) and the Government Publishing Office.
 - Download the Code of Federal Regulations in XML.
 - Parallel Table of Authorities and Rules for the Code of Federal Regulations and the United States Code
 - Text | PDF
 - Find, review, and submit comments on Federal rules that are open for comment and published in the Federal Register.

The main content area is titled **ELECTRONIC CODE OF FEDERAL REGULATIONS**. It includes a box with the text "View past updates to the e-CFR. Click here to learn more." and a red banner stating "e-CFR data is current as of June 16, 2016".

The breadcrumb trail reads: [Title 7](#) → [Subtitle B](#) → [Chapter II](#) → [Subchapter A](#) → [Part 226](#)

Navigation links: [Browse Previous](#) | [Browse Next](#)

Title 7: Agriculture

PART 226—CHILD AND ADULT CARE FOOD PROGRAM

Contents

- Subpart A—General**
 - §226.1 General purpose and scope.
 - §226.2 Definitions.
 - §226.3 Administration.
- Subpart B—Assistance to States**
 - §226.4 Payments to States and use of funds.
 - §226.5 Donation of commodities.
- Subpart C—State Agency Provisions**
 - §226.6 State agency administrative responsibilities.
 - §226.7 State agency responsibilities for financial management.
 - §226.8 Audits.
- Subpart D—Payment Provisions**
 - §226.9 Assignment of rates of reimbursement for centers.
 - §226.10 Program payment procedures.
 - §226.11 Program payments for centers.
 - §226.12 Administrative payments to sponsoring organizations for day care homes.
 - §226.13 Food service payments to sponsoring organizations for day care homes.
 - §226.14 Claims against institutions.
- Subpart E—Operational Provisions**

USDA HANDBOOKS AVAILABLE

<https://education.alaska.gov/tls/cnp/CACFP1.html>

USDA Resources

USDA Child and Adult Care Food Program
USDA CACFP Regulations (Part 226)
USDA CACFP Legislation
USDA CACFP Policy
USDA Financial Management Tools
USDA At-Risk Afterschool Meals Handbook (pdf)
USDA Independent Child Care Centers Handbook 2014 (pdf)
USDA Adult Care Handbook
USDA Crediting Handbook for CACFP
USDA CACFP Meal Patterns
USDA Guidance for Management Plans and Budgets Handbook (pdf)
USDA Family Day Care Homes Monitoring Handbook (pdf)
USDA Eligibility Manual for School Meals (pdf)
USDA Serious Deficiency, Suspension, & Appeals for State Agencies & Sponsoring Organizations Handbook - 2/2015 (word)



Independent Child Care Centers A Child and Adult Care Food Program Handbook



U.S. Department of Agriculture
Food and Nutrition Service
May 2014

USDA is an equal opportunity provider and employer.

REGULATIONS 7 CFR 226 - CACFP

- .2 Definitions
- .15 Institutional provisions
- .16 Sponsoring Organization provisions
- .17 Child care center provisions
 - .17a At-Risk afterschool care center prov.
- .19 Outside school hours care center prov.
- .20 Requirements for meals

USDA — CHILD AND ADULT CARE FOOD PROGRAM

FNS Instructions

Posted on CNP website

Provide guidance

- I.e. FNS Instruction 796-2 Rev. 4 — Financial Management in CACFP

<http://education.alaska.gov/tls/cnp/>



The screenshot shows the website of the Alaska Department of Education & Early Development. The header includes the state logo and navigation links for myAlaska, My Government, Resident, Business in Alaska, Visiting Alaska, and State Employees. The main navigation bar lists categories: HOME, PARENTS & STUDENTS, TEACHING & LEARNING, FORMS & GRANTS, FINANCE & FACILITIES, STATISTICS & REPORTS, and ABOUT EED. Below this, a breadcrumb trail reads: STATE OF ALASKA > EED > TLS > CHILD NUTRITION PROGRAMS > CHILD NUTRITION RESOURCES > USDA FOOD AND NUTRITION SERVICES INSTRUCTIONS. The main heading is "USDA Food and Nutrition Services Instructions". A note states: "Note: All files are in PDF unless noted otherwise. You need to have Adobe Acrobat Reader installed on your computer to view the files. To download the Adobe Acrobat Reader software, go to the Adobe website." A list of instructions follows, including: 755-1 Delegation of Responsibility in CACFP, 765-4 Independence of the Review Official in CACFP, 765-7 Handling lost, Stolen and Misused Meal Tickets, 765-10 CACFP Follow-up Verification Reviews, 770-2 Commodity Distribution Requirements in CACFP, 770-3 Eligibility for Donated Foods to Camps in SFSP, 776-4 Temporary Emergency Residential Care in CACFP, 776-6 Eligibility of Individuals over 12 with Mental Disabilities in Child Care, 776-6 Revision 1 Tax Exempt Status for SFSP Sites, 776-7 Eligibility of Schools and Institutions to Participate in NSLP, 776-8 Eligibility of Proprietary Title XX Centers, 776-9 Verification of Eligibility Procedures in CACFP, and 781-2 Child Nutrition State Administrative Expense Funds.

USDA — CHILD AND ADULT CARE FOOD PROGRAM

Policy Memos

Distributed through Alaska Bulletins and USDA website

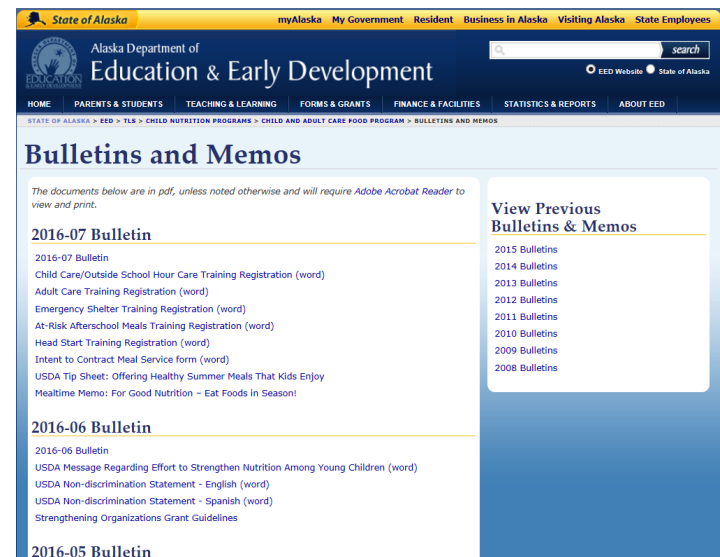
Guidance on specific topics

All programs responsible for Policy Memos and other information provided in Bulletins

<https://education.alaska.gov/tls/cnp/CACFP4.html>

or

<http://www.fns.usda.gov/cnd/Care/Regs-Policy/PolicyMemoranda.htm>



EXAMPLES FROM FY2016 BULLETINS

2016-02: USDA Policy Memos Q&A on transition to and implementation of 2 CFR Part 200 (Uniform Grant Guidance Super Circular); Procurement Standards; Competitive Procurement

2016-06: CACFP New Meal Pattern; Updated USDA “And Justice for All” posters; USDA Proposed Integrity regulation; Documentation for allowable costs

OVERVIEW:

HOW MANY MEALS PER DAY?

Centers/OSHC/Head Start programs may claim reimbursement for a maximum of:

- 2 meals and 1 snack daily
- 2 snacks and 1 meal daily

Question – How many meals are required by USDA?

Talk with your neighbor

Exchange information on the following:

- 1) How many do you serve at your agency?
- 2) What is the USDA requirement?

Discuss as a large group

CIVIL RIGHTS TRAINING POWERPOINT

☐ State training –

- ☐ administrator required to attend Civil Rights Training through the state agency

☐ Agency training –

- ☐ administrator required to train all front line staff on Civil Rights

Also available through EED eLearning: <https://education.alaska.gov/ELearning/>

PUBLIC NOTIFICATION

USDA NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Short version of non-discrimination statement:

“This is an equal opportunity institution.”

CIVIL RIGHTS

Must get Civil Rights training from EED annually

Must train staff or staff/sites annually

USDA Non-discrimination statement is included:

- Parent Policies/Handbook
- Website
- Documents provided to parents with any notation regarding the food program
 - Menus
 - Newsletters
- Employee Handbook

TRAINING

Training Plan

Annual CACFP training must be conducted on-site for staff/volunteers

- Annual Training File must include:
 - Training agenda that includes
 - Name of sponsor or site
 - Training/Meeting Date and Time in/out
 - Trainer(s)
 - Location of training
 - Attendee names and signatures
 - All documents used in training

STAFF TRAINING

Cooks

Teachers involved in meal service

Monitors

Administrative

LIST POTENTIAL TRAINING TOPICS

What topics would be helpful to train your staff?

Work with your neighbor

Report out ideas to large group

- Cooks
- Teachers involved in meal service
- Monitors
- Administrative

NEW TRAINING TEMPLATE

CACFP STAFF TRAINING AGENDA

CACFP regulations require initial and annual training of all CACFP staff.

Instructions: Complete an agenda form for each training session or staff meeting and have attendees sign in on the back of this form.

Name of Sponsor: _____

Training/Meeting Date: _____

Start and End time: _____

Trainer(s): _____

Location: _____

Agenda Topics (indicate specific topics covered)

- The required topics listed below (5 for single site/8 for multi-site or monitors) must be covered with new staff before they are assigned CACFP responsibilities AND again each year with all CACFP staff.
- Each training or staff meeting that includes review of CACFP topics must be clearly documented to show when and what CACFP topics were covered with which staff. Copies of materials used for each CACFP training session also must be retained on file.

Required Topics – for all programs

- ☐ CACFP Meal Pattern – Components, Serving Size, & Food Substitutions & Medical Statements
- ☐ Meal Service Style (family style, pre-plated)
- ☐ Record Keeping Requirements (includes attendance, working menus, enrollment, meal counts, source documents, etc.)
- ☐ Health and Sanitation
- ☐ Civil Rights

In addition: Multi-sites & Monitors must be trained on:

- ☐ Claim Submission
- ☐ Review Procedures and Monitoring Requirements
- ☐ Reimbursement System

**Suggested Optional Topics-
depending on staff duties**

- ☐ Confidential-Income Statements & One Month Enrollment Report (OMER)
- ☐ CACFP Enrollment Forms
- ☐ Confidentiality
- ☐ Meal Service Environment
- ☐ Menu Planning
- ☐ Meal Production Records
- ☐ Infant Feeding Requirements
- ☐ Nutrition Activities/Curriculum
- ☐ Special Dietary Needs (Medical Statements)
- ☐ Financial Management Requirements
- ☐ Other _____

CACFP STAFF TRAINING AGENDA

- Attach copies of handouts and training materials used during this training or meeting session.

DATE: _____ LOCATION: _____

[illegible]

NEW EMPLOYEE TRAINING

Orientation Checklist for New Caregivers				
Child Care Facility _____				
Name of Caregiver _____		Date of Hire _____		
Name of Supervisor _____				
REQUIRED ORIENTATION	DATE	EMPLOYEE INITIALS	SUPERVISOR INITIALS	
1. Personnel Policies including: Personnel qualifications				
Job description				
Procedure for annual Training				
2. Facility's Policies & Procedures including: Responsibilities of the caregiver				
Mandatory reporting requirements for child abuse & neglect.				
Satisfying the special needs of specific children where appropriate.				
Emergency Procedures				
Health & Safety measures				
3. The requirements of Child Care Facility Licensing & Safety Regulations.				
4. Facility's Operations Manual is available to the employee				
5. Recognizing & Preventing Shaken Baby Syndrome.				
6. Preventing Sudden Infant Death Syndrome.				
7. Identifying infant/toddler developmental levels & needs.				
8. CACFP procedures				
Employee Signature _____		Date _____		
Administrator/Supervisor Signature _____		Date _____		
Required orientation items 1-3 are to be completed within 8 weeks of hire. Each item listed is to be explained and/or relevant materials provided to all new employees.				

SELF-MONITORING

Review Monitoring Schedule

- Required for Sponsors of multi-sites
- Submit planned dates of reviews for year
- 3 Monitoring/Review visits per program year required if more than one site (highly encouraged for single sites)
 - At least 2 Unannounced
 - At least 1 of unannounced must witness a meal
- WIC information needs to be on site
- Form available on web

ge 22

Center:		Date:		Arrival time:		Departure time:		<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced				
Meal observed:		Time:		License capacity:		Today's meal count:						
Today's attendance:		0-11 Mo:		1-2 Yrs:		3-5 Yrs:		6-12 Yrs: 6-18 Yrs (At-risk Only):				
								Adults:				
Outside-school-hours programs, at-risk afterschool programs, and emergency shelters must reconcile meals counts to attendance records.												
Reconciliation		1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day	Menu and specific foods used (record all food items served) (list infant meals on a separate page, if applicable)		Serving size			
Meal type claimed		Date:	Date:	Date:	Date:	Date:	Five-day average					
Meal count by type	Breakfast						Milk:					
	A.M. Snack						Veg/fruit:					
	Lunch						Veg/fruit:					
	P.M. Snack						Grains/breads:					
	Supper						Grains/breads:					
	Evening Snack						Meat/alternates:					
Enrollment (not required for At-risk)							Meat/alternates:					
Attendance							Other:					
Monitors reviewing sites that participate only in the At-risk Afterschool Snack/Supper component may skip questions 3, 9, 13, 14 and 15; in number 17, enrollment records are not required and therefore should not be reviewed.									Yes	No	N/A	
1. Does the menu as served meet CACFP requirements? 2. Is enough food served or available to all children with required portions? 3. If family style service is used, is each child encouraged to take at least some of each food? 4. Does the written menu match what was served today? 5. Are parent requests or medical statements on file for children requesting dietary accommodations? 6. If non-dairy beverages are offered for non-disabled children, are they nutritionally equivalent to milk? 7. Are dietary accommodations for children with disabilities followed as prescribed in the medical statement? 8. Is drinking water available to children throughout the day, including meal times? 9. Is the infant meal pattern being followed correctly and documented for all infants? 10. Do all children receive the same meal regardless of race, color, national origin, sex, age, or disability? 11. Is a menu production record or transport record completed for all meals prepared? 12. Are all meals consumed on facility or under staff supervision? 13. Are the number and ages of children in care in compliance with current license and staff-to-children ratio? 14. If enrollment exceeds licensed capacity, are shifts of care documented? 15. Are enrollment documents for all children participating in CACFP current (updated annually)? 16. Are meal counts taken and recorded at the time of each meal service? 17. Do enrollment and attendance support the meal counts for the previous five days? 18. Do the meal counts for the previous five days appear reasonable when compared to today's counts? 19. Is a civil rights poster placed in a prominent location at this facility? 20. Is this facility safe and sanitary? 21. Is there documentation of DEC or MUNI sanitation inspections on site? 22. Is first in/first out system being used for food inventory & food at least 6' off the floor? 23. Is there a CFPM on site and staff with their Food Worker Cards as applicable? 24. Are sanitizing solutions mixed properly, clearly labeled and kept out of reach of children? 25. Is there documentation of DEC or MUNI sanitation inspections on site? 26. Is the cook familiar with checking the food thermometer & calibrating as needed 27. Has staff attended the training sessions on the CACFP for the current program year? 22a. Were there problems noted in the prior site review? 22b. If yes, have problems noted in the prior review been corrected? If no, describe on page 2 the repeated findings and action to be taken (a follow-up review should be conducted within 60 days). 23a. Does this visit indicate that training is necessary at this facility? 23b. If training is needed, state when and how it will be provided.												

Facility appears to be in compliance (any "No" response requires corrective action and follow-up within 60 days)				
Corrective actions required (describe on page 2)				
Submit corrective action by:				

[illegible]

Signature of Monitor	Signature of Center Official
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Corrective Action Taken and Date Completed:	

<p>No Corrective Action or Unacceptable (provide details of actions taken by sponsor, attach additional documentation as needed):</p>	

5 DAY RECONCILIATION

Reconciliation		1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day	
Meal type claimed		Date: 7/27/15	Date: 7/28/15	Date: 7/29/15	Date: 7/30/15	Date: 7/31/15	Five-day average
Meal count by type	Breakfast	12	15	14	12	10	12.6
	A.M. Snack						
	Lunch	18	15	20	18	15	14.4
	P.M. Snack	18	17	20	16	15	17.2
	Supper						
	Evening Snack						
Enrollment (not required for At-risk)		20	20	20	21	21	
Attendance		16	18	20	19	15	

Document last 5 days of meal service

- ***Attendance (from actual sign in/sign out) for meal time selected***
- ***Meal Count Sheets for meal selected (B/L/Snack) (from actual time of service meal count sheets)***

ENROLLMENT/INCOME ELIGIBILITY

Two focus areas for this training

Participant Enrollment

Income Eligibility

ENROLLMENT

All participants must be enrolled for care if they are in a Child Care or Adult Care Center

- Use State Templates
 - Child Enrollment Form
 - Adult Participant Enrollment Form
- Use your own center enrollment
 - Get approval from EED if not using template

PARTICIPANT ENROLLMENT FORMS

Enrollment - **You can use your enrollment form but it needs to have:**

- Days/hours of care, meals expected, & parent signature annually

Institution Name: _____ CIS/CACFP Number _____

Facility/Provider Name: _____

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program

(CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all

children in your household that are enrolled at this facility. The information below should be completed by the

parent/guardian. Please use the guides below the table to complete and sign and date the form below.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM

Guide:

Normal hours of care: Insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Circle the days of the week the participant(s) are usually in attendance at the facility.

(M=Monday; T=Tuesday; W=Wednesday; TH=Thursday, F=Friday, Sat=Saturday, Sun=Sunday)

Meals Normally Eaten: Circle the meals the participant(s) usually eat at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Home Telephone Number () _____ Work Telephone Number: () _____


Infant Formula Selection: Complete if any child listed above is an infant under one year of age This center provides _____ (list brand) iron fortified infant formula. Check one: <input type="checkbox"/> I accept the center provided formula <input type="checkbox"/> I decline the center provided formula I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child. If I provide formula it must be on the approved formula list for the center is to be reimbursed for the meal.		
For Facility/Provider Use Only: Signature of Facility Representative: _____ Date: _____ Date the participant withdrew: _____		
Updates: (annual at a minimum)	The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change. <i>If there are many changes, please complete a new form.</i>	
First Update	Parent/Guardian Signature	Date

ENROLLMENT FOR CHILDREN

Agency files must have the following information for each child in care as it pertains to the CACFP

- Full Name
- Birthdate
- Days and Hours of normal care
- Expected Meals children will receive while in care
- Parent Signature - annually

ENROLLMENT FOR ADULT PARTICIPANTS

	Child & Adult Care Food Program	State of Alaska Teaching and Learning Support Child Nutrition Programs Phone (907) 465-8711 Fax (907) 465-8910
	Adult Participant Enrollment Form	

Institution Name: _____ CIS/CACFP Number _____

Dear Adult Participant,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below. Please use the guides below the table to complete, and sign and date the form below.

Participant's First Name	Participant's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM

Guide:

Normal hours of care: Insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Circle the days of the week the participant(s) are usually in attendance at the facility.

(M=Monday; T=Tuesday; W=Wednesday; TH=Thursday; F=Friday; Sat=Saturday; Sun=Sunday)

Meals Normally Eaten: Circle the meals the participant(s) usually eat at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Adult Participant Signature: _____ Date: _____

Print Name: _____

Home Telephone Number () _____ Work Telephone Number: () _____

Participant resides in their own home (whether alone or with spouse, children, or guardian) ____ Yes ____ No

If under the age of 60: Participant meets the functional impairment eligibility requirements: ____ Yes ____ No

Functionally impaired adult means chronically impaired disabled persons 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently.

For Facility/Provider Use Only:	
Signature of Facility Representative: _____	Date: _____
Date the participant withdrew: _____	

Updates: (annual at a minimum)	The adult signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change. <i>If there are many changes, please complete a new form.</i>	
First Update	Signature	Date

ENROLLMENT FOR ADULT PARTICIPANTS

Agency files must have the following information for each participant in care as it pertains to the CACFP

- Full Name
- Birthdate
- Days and Hours of normal care
- Expected Meals they will receive while in care
- If participant resides in their own home or families home
- If under the age of 60 – do they meet the functional impairment eligibility requirements
- Signed by participant or guardian

INCOME ELIGIBILITY

Household income information using the Confidential Income Statement

Compare the household income received from the households to the USDA Income Eligibility Guidelines and categorize each household into 1 of 3 categories

- Free
- Reduced
- Above Scale

Make a list and count up how many children or adult participants we have in each category by using a ne Month Enrollment Report

Calculate each site's rate percentage

Calculate the meal reimbursement using the rate percentage and the number of meals (by type) served in a month

IF YOU HAVE A CHILD CARE CENTER

One Month Enrollment Report (OMER) must be completed

Reimbursements are based on a “snapshot” of center’s enrollment for one month

- One Month Enrollment Report (OMER)

Completed at start-up and annually (EED will notify month required each year)

Separate training required called Participant Enrollment and Income Eligibility on the EED eLearning website at:

- <https://education.alaska.gov/ELearning/>

FOUR STEPS:

- 1) Distribute sample letter to parents or adult participants with the Confidential Income Statement (CIS)
 - Beginning of reporting month
 - EED will notify programs of annual dates
 - Take off “sample letter” & replace with your letterhead
 - Parents or adult participants return completed forms within the reporting month

How do centers ensure parents/guardians or adult participants complete and submit the CIS?

Ideas:

use envelopes to return

use incentives

staffing a table near entryway

CONFIDENTIAL INCOME STATEMENT (CIS)

- Letter to parent or adult participant explaining why
- Instructions included in packet
- Households complete annually
- Federal document – tell the truth!


PART 1. All Household members (if you need more space use a separate piece of paper)

*If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.

Names of ALL household members (First, Middle Initial, Last)	Center or Provider Name for Each Child or Adult Participant	Birthdate of children/adult participant(s) (month/day/yr)	Foster Child	Check if approved for PFD issued in 10/2015	Check if approved for PFD issued in 10/2016
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2. Benefits

If any member of your household receives [State SNAP], [FDPIR], [State TANF]. Provide the name and case number & program name (ie SNAP) for the person who receives benefits and skip to Part 5. If NO ONE receives these benefits, skip to Part 3. (Adult Day Care Participants: Provide Medicare Case Number or SSI Number)

Name: _____ Case Number: _____ Program: _____

PART 3. If any child is enrolled in Early Head Start, Head Start, or receives free or reduced meals at school check the appropriate box. [Document by including letter from EHS/HS/or School]

Early Head Start ☐ Head Start ☐ Free Meals at School ☐ Reduced Meals at School ☐

PART 4. Total Household Gross Income. You must tell us how much and how often.

Name (List ALL Adults and children in the household with income.)	Gross income how often it was received A=Annual; W=Weekly; E2=Every 2 Weeks; T=Twice A Month or M=Monthly			
	Gross Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

PART 5. Signature and Last four digits of SSN (An adult household member must sign the application.)

If Part 4 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ ☐ Families w/children in family day care homes:

Last four digits of Social Security Number: * * * * * ☐ I allow my FDCH provider to collect this form ☐ I do not have a Social Security Number

PART 6. Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American
☐ White ☐ Native Hawaiian or other Pacific Islander

CIS – PART 1

PART 1. All Household members (if you need more space use a separate piece of paper)

**If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL household members (First, Middle Initial, Last)	Center or Provider Name for Each Child or Adult Participant	Birthdate of children/adult participant(s) (month/day/yr)	Foster Child	Check if approved for PFD issued in 10/2015	Check if approved for PFD issued in 10/2016
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIS PART 2

PART 2. Benefits

If any member of your household receives [State SNAP], [FDPIR], [State TANF]. Provide the name and case number & program name (ie SNAP) for the person who receives benefits and skip to Part 5. *If NO ONE receives these benefits, skip to Part 3.* (Adult Day Care Participants: Provide Medicare Case Number or SSI Number)

Name: _____ Case Number: _____ Program _____

CIS PART 3

PART 3. If any child is enrolled in Early Head Start, Head Start, or receives free or reduced meals at school check the appropriate box. **[Document by including letter from EHS/HS/or School]**

Early Head Start ☐

Head Start ☐

Free Meals at School ☐

Reduced Meals at School ☐

If they have checked a box they must also provide the back-up documentation from:

Head Start agency or School

If they don't provide back-up then center can get it directly from Head Start or School District (School Nutrition Department)

CIS PART 4

PART 4. Total Household Gross Income. <i>You must tell us how much and how often.</i>				
Name (List ALL Adults and children in the household with income.)	Gross income how often it was received <i>A=Annual; W=Weekly; E2=Every 2 Weeks; T=Twice A Month or M=Monthly</i>			
	Gross Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

A = Annual income

W = weekly

E2 = every two weeks

T = twice a month and

M = monthly

If they leave this section blank and they are not categorically eligible from Part 2 or 3, then it is incomplete

If they leave this section blank it does NOT = Zero Income

Any form that is incomplete = OVER INCOME

CIS PART 5

PART 5. Signature and Last four digits of SSN (An adult household member **must sign the application.)**

If Part 4 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ ☐ Families w/children in family day care homes:

Last four digits of Social Security Number: * * * *- _____ ☐ I allow my FDCH provider to collect this form ☐ I do not have a Social Security Number

CIS PART 6

PART 6. Children's Ethnic and Racial Identities (Optional)	
<i>Choose one ethnicity:</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<i>Choose one or more (regardless of ethnicity):</i> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

This section is optional

Many programs use this data when completing the yearly paperwork. A question on the yearly paperwork includes the number of children enrolled in the program in these categories.

PAGE 2 OF THE CIS

<input type="checkbox"/> This section is for the child care center or family day care home sponsoring organization use only			
Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify. Only use one year when calculating income. Use the year which corresponds with the date the CIS is completed below.			
CIS completed BY December 31, 2016 Use PFD issued October 2015	<input type="text"/>	CIS completed January 1, 2017 or AFTER Use PFD Issued October 2016	<input type="text"/>
Total household members receiving PFDs <input type="text"/> x \$2,072.00 = <input type="text"/> (issued October 2015)			
Total household members receiving PFDs <input type="text"/> x \$ <input type="text"/> .00 = <input type="text"/> (issued October 2016)			

Must use the PFD the family received following this schedule:

- Processing CIS in **current calendar** year use the **previous calendar** year's PFD
 - Processing in October of 2016 –
 - use the PFD received October 2015
- Processing January 2017 –
- use PFD received October 2016
- Don't include foster children's PFD

CALCULATING TOTAL INCOME

ELIGIBILITY by INCOME:

If there is more than one sequence of income or if the household received any PFDs you must convert all income to annual. (i.e. \$200/T, \$150/M, \$200/M & PFDs = Annual Conversion)

If there is only one sequence of income and the household did not receive any PFDs then you must keep the income at the sequence received. (i.e. \$200/T, \$100/T= No conversion necessary- keep at T)

List the income by sequence from first page:

Total Income by Category:

A-Annual: _____

M-Monthly: _____

T-Twice Per Month: _____

E2-Every 2 Weeks _____

W-Weekly _____

Conversion to Annual:

x 1 = _____

x 12 = _____

x 24 = _____

x 26 = _____

x 52 = _____

TOTAL HOUSEHOLD INCOME:

\$ _____

- Transfer amounts from Page 1 and calculate each category
- If there is more than one sequence then income will have to be annualized (multiplied by factor to equal yearly income)
- If they receive a PFD (annual) then all other income needs to be annualized if it is not annual already
- Take the total household income and write it below -

CIS TOTAL INCOME

Check the sequence of income from above:		<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Per Month	<input type="checkbox"/> Every 2 <u>Wks</u>	<input type="checkbox"/> Weekly
Total Income from above:	\$	_____				
PFD income:	\$	_____				
TOTAL INCOME:	\$	_____				
		Household size: _____				

If you have all one sequence that does not include PFDs:

Check the box and write in the amount from Page 1 & note Household size

If you have to calculate different sequences check the ANNUAL box, write in the total from Page 2 and add PFD if applicable

FOUR STEPS

2) Categorizing & Approving the Confidential Income Statements (CIS):

- First – check for complete forms – ask parents or participants to complete if there are missing items. Signatures are required.
- Determination by the center should be done within the study period A child will be counted as over income if the form is not complete

Alaska Income Eligibility Guidelines

July 1, 2016 - June 30, 2017

Reduced Price Meals – 185% of Federal Poverty Guidelines						Free Meals – 130 % of Federal Poverty Guidelines				
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	27,454	2,288	1,144	1,056	528	19,292	1,608	804	742	371
2	37,037	3,087	1,544	1,425	713	26,026	2,169	1,085	1,001	501
3	46,620	3,885	1,943	1,794	897	32,760	2,730	1,365	1,260	630
4	56,203	4,684	2,342	2,162	1,081	39,494	3,292	1,646	1,519	760
5	65,786	5,483	2,742	2,531	1,266	46,228	3,853	1,927	1,778	889
6	75,369	6,281	3,141	2,899	1,450	52,962	4,414	2,207	2,037	1,019
7	84,952	7,080	3,540	3,268	1,634	59,696	4,975	2,488	2,296	1,148
8	94,572	7,881	3,941	3,638	1,819	66,456	5,538	2,769	2,556	1,278
For each additional family member add:										
	9,620	802	401	370	185	6,760	564	282	260	130

If the total family income is \$3,700 a month for a family of 3 how would you categorize them?

If the total household income is \$910 a week for a family of 3 how would you categorize them?

DETERMINING THE CATEGORY

OR ELIGIBILITY by CATEGORICAL DOCUMENTATION:

Check category from 1st page – must have case number or documentation from Head Start agency or school

Household Eligible:

☐ SNAP/Food Stamp Household ☐ ATAP/TANF Household
☐ FREE at School ☐ REDUCED at School

Child Individual Eligibility:

☐ Migrant/Homeless per school
☐ Foster Child(ren) ☐ Head Start/EHS

Adult Individual Eligibility:

☐ Medicare or SSI for
Adult Participant

DETERMINATION:

SPONSORS OF CENTERS:

☐ Free ☐ Reduced Price ☐ Over Income

Household Eligibility

Child Individual Eligibility

Adult Individual Eligibility

SAMPLES TO CHECK YOURSELF

Annual income \$56,616 – household of 4

Annual income of \$43,136 – household of 3

Categorical Eligibility



2016-2017 Confidential Income Statement (CIS) _____ CIS/CACFP Number (agency complete)

ART 1. All Household members (if you need more space use a separate piece of paper)

***Add the CIS/CACFP Number on the top of Page 1
It will match the number you put on the Enrollment Form***

Determining Official's Signature _____ Date _____

Don't forget to sign and date

Have second person check for accuracy

- May be a good idea for them to sign and date as well

4 STEPS

3) One Month Enrollment Report (OMER)

- Document Enrollment and Eligibility Status on Enrollment Roster All children who are enrolled at the center during the month must be counted & recorded on the enrollment roster. (see handout)
- If you also have at-risk afterschool program and any of those afterschool kids ONLY go to at-risk program then DO NOT put on roster.
- If you also have at-risk afterschool program and any of those afterschool kids are enrolled for your regular CC (ie. morning) then DO put on roster

ONE MONTH ENROLLMENT REPORT (OMER)

CACFP CHILD ENROLLMENT ROSTER - ONE MONTH ENROLLMENT REPORT (OMER)

(Child Care Centers, Outside School Hours Sites)

AGENCY/SPONSOR NAME		CNPweb SITE NAME		SITE TYPE		MONTH		YEAR				
								2015				
OMER: Totals to be entered on CNPweb Site Claim		Free	0	Reduced Price	0	Above Scale	0					
Name of Sponsor Representative:		Date:		Total Title XX/XIX Beneficiaries								
Certification: I hereby certify that all of the enrollment and eligibility information for current participants is true and correct and that records are available to support this												
Roster #	CIS/CEF #	PARTICIPANT NAME		ELIGIBILITY DETERMINATION			SPONSOR OFFICIAL CIS DETERMINATION DATE	HEAD START or SCHOOL ELIGIBILITY DOCUMENTATION DETERMINATION DATE	CURRENT CACFP ENROLLMENT DATE (except OSHC)	FOR-PROFIT SITES ONLY: SUBSIDIZED CARE (TITLE XX) PMT DATE—see #8 on Instructions	TRANSFER OR DROP DATE	Notes
		Last Name	First Name	F	RP	AS						
1												
2												
3												
4												
5												
6												
7												
8												
9												

ADULT CARE OMER

The Adult Care report looks a little different

- Adult participants may not have CACFP enrollment forms due to intense annual center enrollment.

There is no Head Start or School Eligibility column

Adults may not have a completed CIS due to the center having documentation of categorical eligibility in their center enrollment paperwork

CACFP ADULT ENROLLMENT ROSTER — FOR OMER

ONE MONTH ENROLLMENT REPORT (OMER) for Adult Day care (Adult Day Care Centers)

AGENCY/SPONSOR NAME	CNPWeb SITE NAME	MONTH	YEAR
		October	2016
OMER: Totals to be entered on CNPweb Site Claim	Free 0	Reduced Price 0	Over Income 0
Name of Sponsor Representative:	Date:	Total Title XIX/XX Beneficiaries (Pass I,II,III)	0

Certification: I hereby certify that all of the enrollment and eligibility information for current participants is true and correct and that records

Total #	CIS/CACFP #	PARTICIPANT NAME		ELIGIBILITY DETERMINATION			SPONSOR OFFICIAL CIS DETERMINATION DATE	FOR-PROFIT SITES ONLY: Title XIX Beneficiaries DATE—see #7 in Instructions	TRANSFER OR DROP DATE	Notes
		Last Name	First Name	Free	Reduced	Over Income				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

OMER SECTIONS

AGENCY/SPONSOR NAME	CNPweb SITE NAME

SITE TYPE	
CCC	▼

MONTH	YEAR
▼ October	2016

OMER: Totals to be entered on CNPweb Site Claim	Free	0	Reduced Price	0	Over income	0
---	------	---	---------------	---	-------------	---

Name of Sponsor Representative:		Date:	
---------------------------------	--	-------	--

Total Title XIX/XX Beneficiaries (Pass I,II,III)	0
---	---

Certification: I hereby certify that all of the enrollment and eligibility information for current participants is true and accurate.

OMER SECTIONS

Total #
1
2
3
4

CIS/CACFP #

PARTICIPANT NAME	
Last Name	First Name

ELIGIBILITY DETERMINATION		
Free	Reduced Price	Over Income

SPONSOR OFFICAL CIS DETERMINATIO DATE

HEAD START or SCHOOL ELIGIBILITY DOCUMENTATIO N DETERMINATIO DATE

CURRENT CACFP ENROLLMENT DATE (except OSHC)

FOR-PROFIT SITES ONLY: Title XIX/XX Beneficiaries (Pass I,II,III) DATE—see # on Instruction

TRANSFER OR DROP DATE

Notes



Using School Eligibility

- If you have school age children & don't get CIS back from families you can use school data by contacting school district with names/birthdate of child(ren)
- School must use income information on child from this school year by Income Apps or Categorical Eligibility – CURRENT is required

- Some districts migrated to the Community Eligibility Program or CEP– (only using categorical eligibility w/out app)
- No income applications at the school on CEP
- Only data the school district can supply to center is if child was directly certified as free
- Best if you get the CIS from families if possible

ONE MONTH ENROLLMENT REPORT (OMER) for Child Care

(Child Care Centers, Outside School Hours Sites)

AGENCY/SPONSOR NAME		CNPweb SITE NAME		SITE TYPE	MONTH	YEAR
ABC Child Care Center		Site #1		CCC	October	2016
OMER: Totals to be entered on CNPweb Site Claim		Free	6	Reduced Price	2	Over income
Name of Sponsor Representative:		Ann-Marie Martin		Date:	10/31/2016	Total Title XIX/XX Beneficiaries (Pass I,II,III)
						2

Yes Certification: I hereby certify that all of the enrollment and eligibility information for current participants is true and correct and that records are available to support this document.

Total #	CIS/CACFP #	PARTICIPANT NAME		ELIGIBILITY DETERMINATION			SPONSOR OFFICIAL CIS DETERMINATION DATE	HEAD START or SCHOOL ELIGIBILITY DOCUMENTATION N DETERMINATION DATE	CURRENT CACFP ENROLLMENT DATE (except OSHC)	FOR-PROFIT SITES ONLY: Title XIX/XX Beneficiaries (Pass I,II,III) DATE--see #9 on Instruction	TRANSFER OR DROP DATE
		Last Name	First Name	Free	Reduced Price	Over Income					
1	1	Smith	Joe	x			10/1/2016		10/15/2016		
2	1	Smith	Jason	1			10/1/2016		10/1/2016		
3	2	Filmore	Samantha		x		10/15/2016		10/15/2016		
4	3	Watson	Annie	x			10/31/2016		10/11/2015	10/31/2016	10/31/2016
5	3	Jacobs	Jim	x			10/31/2016		10/11/2016	10/31/2016	
6	4	Sutter	Jalen			x			10/31/2016		
7	5	Sunshine	Sunny		1		10/11/2016		10/31/2016		
8	6	House	Arnie	X			10/15/2016		10/31/2016		
9	7	Gooding	Sammie	x				10/1/2016	10/15/2016		
10											

ONE MONTH ENROLLMENT REPORT (OMER) for Child Care

(Child Care Centers, Outside School Hours Sites)

AGENCY/SPONSOR NAME		CNPweb SITE NAME		SITE TYPE	MONTH	YEAR
ABC Child Care Center		Site #1		CCC	November	2016
OMER: Totals to be entered on CNPweb Site Claim		Free	5	Reduced Price	2	Over income
Name of Sponsor Representative:		Ann-Marie Martin		Date:	10/31/2016	Total Title XIX/XX Beneficiaries (Pass I,II,III)
						0

Yes Certification: I hereby certify that all of the enrollment and eligibility information for current participants is true and correct and that records are available to support this document.

Total #	CIS/CACFP #	PARTICIPANT NAME		ELIGIBILITY DETERMINATION			SPONSOR OFFICIAL CIS DETERMINATION DATE	HEAD START or SCHOOL ELIGIBILITY DOCUMENTATION N DETERMINATION DATE	CURRENT CACFP ENROLLMENT DATE (except OSHC)	FOR-PROFIT SITES ONLY: Title XIX/XX Beneficiaries (Pass I,II,III) DATE--see #9 on Instruction	TRANSFER OR DROP DATE
		Last Name	First Name	Free	Reduced Price	Over Income					
1	1	Smith	Joe	x			10/1/2016		10/15/2016		
2	1	Smith	Jason	1			10/1/2016		10/1/2016		
3	2	Filmore	Samantha		x		10/15/2016		10/15/2016		
4	3	Watson	Annie	x			10/31/2016		10/11/2015	10/31/2016	10/31/2016
5	3	Jacobs	Jim	x			10/31/2016		10/11/2016	10/31/2016	
6	4	Sutter	Jalen			x			10/31/2016		
7	5	Sunshine	Sunny		1		10/11/2016		10/31/2016		
8	6	House	Arnie	X			10/15/2016		10/31/2016		
9	7	Gooding	Sammie	x				10/1/2016	10/15/2016		
10											

RECORDS

Documentation for the OMER. A yearly file folder containing the following back-up should be kept at the center:

- Copy of OMER
- Categorized CIS for each child
 - School, Head Start or Migrant documentation
- Copy of attendance records for the study period
 - You cannot claim meals for children without their enrollment form on file
- Enrollment (could be in individual child files or in an enrollment file)

FOUR STEPS

4) Centers submit this information at least one time per year within 10 days of end of month by doing both:

- a) Excel document e-mailed to EED
- b) On-line submittal of numbers
 - One complete month
 - You can choose to do it more if there is a significant change at your center

Enter the Free, Reduced and Over Income in the Child Nutrition Program (CNP) database

Enrollment Information	(A)	(B)	(C)	(D)
Program	Free	Reduced	Over Income	Total
(11) Child Care Center	9	5	13	27
Submit Roster and Certification to State Agency				

Center Lunch Reimbursement			
Meal Type	Meals Served	Rate	Amount
Center Free Lunch	132	4.9900	658.68
Center Reduced Lunch	74	4.5900	339.66
Center Paid Lunch	191	0.4800	91.68
Center At-Risk Lunch	0	4.9900	0.00
Total Center Lunch	397		1,090.02

GOOD THINGS WITH OMER 😊

Typed names – last and first so it is easy to verify

Number attaching enrollment forms to CIS forms to this report – so one CIS can be attached to all children in family attending your centers

Automatically calculates

Documents for the for-profits programs

VERIFICATION OF OMER IS PART OF EED CONDUCTING ADMINISTRATIVE REVIEWS

Paperwork is organized and accessible

Records kept for the required time

- 3 years plus current year unless issues

Records & accounts available

Confidentiality of participant information

POINT OF SERVICE MEAL COUNTS

- ☐ Attendance cannot be used for meal counts
- ☐ Meal count at point of service on separate sheet
- ☐ If meal count is not current at review, meals will be disqualified for the time period the meal was not complete
- ☐ Documentation of adult meals although no reimbursement for the meals
- ☐ Point of Service meal counts being taken during meal service, not afterwards
- ☐ Consistent counting methods
- ☐ Consistent compilation of counts
- ☐ Double-check system in place
- ☐ Counting reimbursable meals only

WORKING MENUS

Working menus are required

- Use cycle menu and document any changes
- Document what was actually served
- Document all meals claimed including participant substitutions due to allergy/disability
- Date and submit to administrator for each claim month – they need to verify credible meals prior to claiming

MEDICAL STATEMENTS



Medical Statement to Request Special Meals and/or Accommodations

School or Child Care Provider
Fax Number:

***Form must be signed by state recognized medical professional with prescriptive authority such as, licensed physician, physician's assistant, or nurse practitioner. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability.**

**Instructions
included**

1. School/Agency Name	2. Site Name	3. Site Telephone Number	
4. Name of Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Telephone Number	
<p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. <i>Parent or guardian may check this box and sign the form.</i></p>			
9. Disability or medical condition requiring a special meal or accommodation:			
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:			
11. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>			
12. Foods to be omitted and substitutions: <i>(please list specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information as needed)</i>			
A. Foods To Be Omitted		B. Suggested Substitutions	
_____		_____	
_____		_____	
_____		_____	
13. Indicate texture: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
14. Adaptive Equipment:			
15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date

HEALTH & SAFETY — CHILD CARE STANDARDS CERTIFICATION

Child Care Standards Certification required if not a licensed child care center

- Submit Fire Inspection documentation from Dept. of Public Safety

The regulation requiring life and safety inspections reads (USDA 7 CFR 226.6(d)(2)):

(B) A current fire/building safety permit or satisfactory report of an inspection conducted by local authorities within the past 12 months shall be submitted.

- If no inspection within past year let EED know and EED will request an inspection for each site
 - Name/address/phone/e-mail of contact person at the site
 - Name/phone/e-mail of agency contact person

HEALTH & SAFETY — CHILD CARE STANDARDS CERTIFICATION

- ❑ Submit Food Permit from DEC or Municipality of Anchorage
- ❑ Submit most recent health and safety inspection from DEC or Municipality of Anchorage
- Food Permit is needed if site can accommodate more than 12 participants
 - If no Food Permit let EED know, AND
 - Contact DEC or MUNI
 - If no inspection within past 12 months contact DEC or MUNI with a request and cc EED



Child & Adult Care Food Program

Child Care Standards Certification

At-Risk Afterschool & Outside School

Hour Care Centers/Head Start Sites

FY 2017

Child Nutrition Programs

Teaching and Learning Support

801 West 10th Street, Suite 200

P.O. Box 110500

Juneau, Alaska 99811-0500

Phone (907) 465-8711

Fax (907) 465-8911

Sponsoring Agency Name: _____

Staff Ratio	In Compliance	Not In Compliance	N/A	Notes
6-10 years 1:15				
10 years & above 1:20				

Non-discrimination	In Compliance	Not In Compliance	N/A	Notes
Services are available without discrimination on the basis of race, color, national origin, sex, age, or handicap.				

Safety & Sanitation	In Compliance	Not In Compliance	N/A	Notes
Current health/sanitation permit or satisfactory report of an inspection conducted by local authorities within the past 12 months shall be submitted.				
Current fire/building safety permit or satisfactory report of an inspection conducted by local authorities within the past 12 months shall be submitted.				
Fire drills are held in accordance with local fire/building safety requirements.				

CNP WEB USER AUTHORIZATION REQUEST & SIGNATORY AUTHORITY



CNP Web User Authorization Request and Signatory Authority

Learning and Learning Support

Child Nutrition Services

801 West 10th Street, Suite 200

P.O. Box 110500

Juneau, Alaska 99811-0500

907- 465-8708

FAX 907-465-8910

Instructions: Complete and mail or fax this form to Child Nutrition Services. Retain a copy for your files. Everyone who requires access to the CNP Web must complete this form annually. A separate form must be completed for each user. The user log-on and password are not to be shared with anyone.

Representing: _____

Sponsor/Agency Name(s)

New User Name: _____

Last

First

Middle Initial

Title

Mailing address

City

State

Phone Number

Your password and instructions will be sent to you by e-mail

CNP WEB USER AUTHORIZATION REQUEST & SIGNATORY AUTHORITY

Instructions: Fill out this form and e-mail or fax it to Child Nutrition Programs (us). Retain a copy for your files. Everyone who needs access to the CNP Web must fill out this form annually. Fill out a separate form for each user. Do not share your username or password with anyone.

Representing: _____
Sponsor/Agency Name(s)

New User Name: _____
Last First Middle Initial Title

Mailing address City State Phone Number

New user email: _____

We will e-mail you your username and password.

Check programs/type of access:	NSLP*	CACFP*	SFSP*	FDP*	TEFAP*
View only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claim entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Data entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* National School Lunch Program, Child and Adult Care Program, Summer Food Service Program, Food Distribution Program, The Emergency Assistance Program.

Child Nutrition Programs (CNP) will assign a password to me and I agree to change it to a unique and secure password that only I will know and use. I understand that using the user name to submit data on the CNP website is the same as an original signature for purposes of official documentation. By using the user name and password, I certify that the information sent to CNP is complete and accurate.

I will not share my user name and password in order to maintain the integrity of the data. If another user uses the CNP Web under my user name and password and provides false information, I understand that I will be responsible for the information supplied to CNP.

I will notify the CNP immediately if my user name and password have been compromised. CNP will give me a new user name and password.

If I no longer need access to the CNP Web, I understand that it is my responsibility to submit a form to end access.

New User Signature _____ Name (Please Print) _____ Date _____

■ Give Program Access: View Only/Claim Entry/Data Entry

■ Terminate Program Access

■ Authorized Signature <https://education.alaska.gov/tls/cnp/NSLP3.html>

ACCESSING THE CNP DATABASE

The screenshot shows the Alaska Department of Education & Early Development website. The header includes the state logo and navigation links: myAlaska, My Government, Resident, Business in Alaska, Visiting Alaska, and State Employees. The main navigation bar lists: HOME, PARENTS & STUDENTS, TEACHING & LEARNING, FORMS & GRANTS, FINANCE & FACILITIES, STATISTICS & REPORTS, and ABOUT EED. The breadcrumb trail reads: STATE OF ALASKA > EED > TLS > CHILD NUTRITION PROGRAMS > HOME. The page title is "Child Nutrition Programs". A paragraph states: "Alaska Child Nutrition Programs (CNP) commits to help school districts and other program sponsors provide quality nutrition programs assuring that our families are well-nourished, healthy, and our children are ready to learn." There are three main sections: "Our Programs" listing USDA Food Program, Child and Adult Care Food (CACFP), Fresh Fruit and Vegetable, Summer Food Service (SFSF), and School Nutrition Programs (NSLP, SBP); "Program Links" listing CNP Web, Civil Rights, Food Safety, CNP Resources, Traditional Food and Donated Fish and Game, PrimoEdge, Procurement for CNP, Menu Resources, and Special Needs; and "Important Dates" showing "None At This Time". A "Contact Us" section lists the CNP Manager Jo Dawson at (907) 465-8708 and the CNP Office Assistant at (907) 465-8712.

State of Alaska myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

Alaska Department of Education & Early Development

HOME PARENTS & STUDENTS TEACHING & LEARNING FORMS & GRANTS FINANCE & FACILITIES STATISTICS & REPORTS ABOUT EED

STATE OF ALASKA > EED > TLS > CHILD NUTRITION PROGRAMS > HOME

Child Nutrition Programs

Alaska Child Nutrition Programs (CNP) commits to help school districts and other program sponsors provide quality nutrition programs assuring that our families are well-nourished, healthy, and our children are ready to learn.

Our Programs

- USDA Food Program
- Child and Adult Care Food (CACFP)
- Fresh Fruit and Vegetable
- Summer Food Service (SFSF)
- School Nutrition Programs (NSLP, SBP)

Program Links

- CNP Web
- Civil Rights
- Food Safety
- CNP Resources
- Traditional Food and Donated Fish and Game
- PrimoEdge
- Procurement for CNP
- Menu Resources
- Special Needs

Important Dates

None At This Time

Contact Us

CNP Manager
Jo Dawson: (907) 465-8708

CNP Office Assistant
(907) 465-8712

The screenshot shows the Alaska Department of Education & Early Development website, specifically the "CNP Web" page. The header and navigation bar are identical to the previous screenshot. The breadcrumb trail reads: STATE OF ALASKA > EED > TLS > CHILD NUTRITION PROGRAMS > CNP WEB. The page title is "CNP Web". There are two main sections: "Online CNP Web" and "Program Tutorials". The "Online CNP Web" section instructs users to login to CNP Web using their user ID and password provided by Child Nutrition Programs, and lists links for User Authorization Form (word) and User Deactivation Form (word). The "Program Tutorials" section lists links for NSLP (word), CACFP Centers (word), CACFP Sponsors of Family Day Care Homes (word), SFSF (word), and USDA Foods (powerpoint).

State of Alaska myAlaska My Government Resident Business in Alaska Visiting Alaska

Alaska Department of Education & Early Development

HOME PARENTS & STUDENTS TEACHING & LEARNING FORMS & GRANTS FINANCE & FACILITIES STATISTICS & REPORTS

STATE OF ALASKA > EED > TLS > CHILD NUTRITION PROGRAMS > CNP WEB

CNP Web

Online CNP Web

Login to [CNP Web](#) using your user ID and password provided by Child Nutrition Programs.

- [User Authorization Form \(word\)](#)
- [User Deactivation Form \(word\)](#)

Program Tutorials

- [NSLP \(word\)](#)
- [CACFP Centers \(word\)](#)
- [CACFP Sponsors of Family Day Care Homes \(word\)](#)
- [SFSF \(word\)](#)
- [USDA Foods \(powerpoint\)](#)

CHILD NUTRITION PROGRAM (CNP) DATABASE


CNP Web User Request & Authorized Signer form

- Received your User ID & Password
- Changed your password
- You are responsible for keeping CNP updated
 - Take off staff who no longer work with CACFP
 - Add new staff



CHILD NUTRITION PROGRAM (CNP) DATABASE

Type in URL address – <http://www.eed.state.ak.us/tls/cnp/>

 <http://172.20.0.14/cnpweb/login.asp>



Alaska Department of Education & Early Development

Division of Teaching and Learning Support

Please Enter

User ID:

Password:

CHILD NUTRITION PROGRAM (CNP) DATABASE



Alaska Department of Education & Early Development

Division of Teaching and Learning Support



Click on a puzzle piece above for the Child Nutrition Program you wish to access!

[Exit Web Site](#)

CHILD NUTRITION PROGRAM (CNP) DATABASE

After reading this message, click on the "Continue" button at the bottom of the page.

Welcome to the Child and Adult Care Food Program (CACFP)

View the most current CACFP Child Care Bulletin:
[2016-07](#)

USDA CACFP Policy Memos:

Date Issued:

11-2016 State Agency Prior Approval Process for School Food Authority (SFA) Equipment Purchases	6/2/2016
09-2016 Food and Drug Administration Requirements for Vending Machines	3/10/2016
06-2016 Disclosure Requirements for the Child Nutrition Programs	12/7/2015
05-2016 Guidance on Competitive Procurement Standards for Program Operators	11/13/2015
04-2016 Local Agency Procurement Reviews SY2015-2016	11/9/2015
03-2016 Procurement Standards and Resource Management Requirements related to Franchise Agreements	11/06/2015
02-2016 Questions and Answers on the Transition to and Implementation of 2 CFR 200	10/30/2015
01-2016 Procuring Local Meat, Poultry, Game, and Eggs for Child Nutrition Programs	10/22/2015
-	
-	
-	
-	
-	
Child and Adult Care Food Program Appeal Rights	

CHILD NUTRITION PROGRAM (CNP) DATABASE

[Child and Adult Care Food Program Appeal Rights](#)

If you have any questions or need assistance please contact:

Child Care Centers and Family Day Care Homes

Ann-Marie Martin, Program Coordinator

(907) 465-8711

annmarie.martin@alaska.gov

At-Risk Afterschool Meals

Alicia Maryott, Program Specialist

(907) 465-4788

alicia.maryott@alaska.gov

Education Program Assistant

Cyde Coll, Education Program Assistant

(907) 465-4969

cyde.coll@alaska.gov

Logins and passwords are to be confidential. This is the record of your authorized signatory authority. The security of this system is used to verify the validity of your data.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Continue

CHILD NUTRITION PROGRAM (CNP) DATABASE

Alaska Department of Education
& Early Development

CACFP
Child and Adult Care Food Program

CNPweb™

Applications Advances Accounting Maintenance Reports Resources Programs Logoff

ne > Select Year

Program Year: 0 Sponsor: 000000-No Sponsor Select














Program Year Selection

Program Year	Program Begin Date	Program End Date
2007	October 1, 2006	September 30, 2007
2008	October 1, 2007	September 30, 2008
2009	October 1, 2008	September 30, 2009
2010	October 1, 2009	September 30, 2010
2011	October 1, 2010	September 30, 2011
2012	October 1, 2011	September 30, 2012
2013	October 1, 2012	September 30, 2013
2014	October 1, 2013	September 30, 2014
2015	October 1, 2014	September 30, 2015
2016	October 1, 2015	September 30, 2016

Select the program year

Sponsor Summary

CACFP Test (50000)

Packet		Applications	Activity	Claims	Payments		Users	
Item	Req	On-Line Forms Description			Count/Date	Status		
1	*	Sponsor Information Sheet				Approved		
2	*	Center Information Sheets			2 of 2	Approved		
3		Forms Submitted to State for Approval			10/1/2015	Approved		
4		Forms Approved by the State			2/25/2016	Approved		
Item	Req	Off-Line Forms Description			Date Sent	Date Received	Date Complete	
5	*	Budget Attachment A & B				9/15/2015	9/15/2015	10/1/2015
6	*	Attachment D (Monitoring Plan)				9/15/2015	9/15/2015	10/1/2015
7		NPFS Financial Report for Single Site						
8	*	NPFS Financial Report for Multi Site				10/15/2015	10/15/2015	10/15/2015
9	*	One Month Enrollment Report for Child Care Centers				10/30/2015	10/30/2015	10/30/2015
10		One Month Enrollment Report for Adult Care Centers						
11		Confidential Income Statement (CIS) Packet						
12		Vended Meal Agreement						
13	*	Child Care Standards Certification				9/15/2015	9/15/2015	10/1/2015
14		Sponsor / Site Agreement for Self-Prep - Unaffiliated Sites						
15		Sponsor/Site Agreement for Afterschool Programs - Unaffiliated Sites						
16	*	Activity Documentation for At-Risk Programs				9/15/2015	9/15/2015	10/1/2015
17		Area Eligibility Documentation for At-Risk Centers						
18	*	Cycle Menus - Centers				9/15/2015	9/15/2015	10/1/2015
19		CNPweb User Authorization Request (New Users Only)						
20		CNPweb User De-Authorization Request						
21		CACFP Child Enrollment Form						
22		CACFP Adult Enrollment Form						

CENTER SITE INFORMATION SHEET(S)

- Particular information for each site
- Meal Times, Licensing, enrollment
- Name of person in charge at the site
 - Not the agency food program contact person

Authorized Representative

Food Program Contact

First MI Last			First MI Last		
(11) Name:	<input type="text" value="xxxxxx"/>	<input type="text" value="xxxxxx"/>	(20) Name:	<input type="text" value="xxxxxx"/>	<input type="text" value="xxxxxx"/>
(12) Title:	<input type="text" value="xxxxxx"/>		(21) Title:	<input type="text" value="xxxxxx"/>	
(13) E-mail:	<input type="text" value="xxxx@aol.com"/>		(22) E-mail:	<input type="text" value="xxxx@aol.com"/>	
(14) Phone:	<input type="text" value="(907) 465-0000"/>	(15) Ext:	<input type="text" value=""/>	(23) Phone:	<input type="text" value="(907) 465-0000"/>
(16) Fax:	<input type="text" value=""/>	(17) Ext:	<input type="text" value=""/>	(24) Ext:	<input type="text" value=""/>
(18) Cell:	<input type="text" value=""/>		(25) Fax:	<input type="text" value=""/>	
			(26) Ext:	<input type="text" value=""/>	
			(27) Cell:	<input type="text" value=""/>	
(19) Contact's Address:	<input type="text" value="Mailing Address"/>		(28) Contact's Address:	<input type="text" value="Mailing Address"/>	

☐ Check here to copy Authorized Representative to Food Program Contact

Financial Contact

First MI Last		
(29) Name:	<input type="text" value="xxxxxx"/>	<input type="text" value="xxxxxx"/>
(30) Title:	<input type="text" value="xxxxxx"/>	
(31) E-mail:	<input type="text" value="xxxx@aol.com"/>	
(32) Phone:	<input type="text" value="(907) 465-0000"/>	(33) Ext:
(34) Fax:	<input type="text" value=""/>	(35) Ext:
(36) Cell:	<input type="text" value=""/>	

32) (93)
 Name of Food Program Contact Birthdate

34)
 Residential Address of Food Program Contact

35) (96)
 Name of Executive Director or Owner Birthdate

37)
 Residential Address of Executive Director or Owner

38) (99)
 Name of Chairman of the Board of Directors or Owner Birthdate

00)
 Residential Address of Chairman of the Board of Directors or Owner

Certification

- (78) ☒ Yes ☐ No The management plan on file with the State agency is complete and up to date.
- (79) ☒ Yes ☐ No No sponsored facility, principal of a sponsored facility, the Institution itself, and/or the Institution's principals, are currently on the CACFP National Disqualified List.
- (80) ☒ Yes ☐ No The outside employment policy most recently submitted to the State agency remains current and in effect.
- (81) ☒ Yes ☐ No A budget for the upcoming year has been submitted to the State agency.
- (82) ☒ Yes ☐ No The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency.
- (83) ☒ Yes ☐ No The list of any publicly funded programs, institutions and principals having participated in the past seven years is current.
- (84) ☒ Yes ☐ No The Institution itself, and the Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program's requirements in the past seven years.
- (85) ☒ Yes ☐ No No principals of the Institution have been convicted of any activity that occurred during the past seven years indicating a lack of business integrity.
- (86) ☒ Yes ☐ No The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii).
- (87) ☒ Yes ☐ No I certify, by submission of this Sponsor Information Sheet, that neither the Sponsor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. If I am unable to certify to any of the statements in this certification, I will submit an explanation to Child Nutrition Programs.
- (88) ☒ Yes ☐ No Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification.
- (89) List the publicly funded programs in which this institution and its principals have participated in the past seven years.

xxxxxx

CLAIM FOR REIMBURSEMENT

- Due in to the state agency within 60 days of the claim month (within 10 days preferred)
 - If overpaid (you found a mistake) it will always be accepted – no deadline date
- On-line claim must be submitted by authorized representative
 - DO NOT SHARE ID and Passwords

CLAIM FOR REIMBURSEMENT

Site claim

Program Expenditures (for Centers only)

(22) Program Food:	650.00
(23) Operational Labor:	1,200.00
(24) Purchased Services:	0.00
(25) Non-Food Expense:	500.00
(26) Other Program Expenditures:	0.00
(27) Administrative:	0.00
(28) Administrative Labor:	0.00
(29) Total Program Expenditures:	2,350.00

Sponsor Claim

CACFP

Alaska Dept of Education & Early Development

Center Claim

CACFP Test
50000

**next site - ASCS Claim
333**

February 2016

Submitted by Martin, Ann-Marie on 7/4/2016

Approved
Original Claim

↓ Bottom of Form

Center Operating and Enrollment Data (Must reflect the claiming period)

(1) Free Enrollment	40	(5) Number of Operating Days	15
(2) Reduced Enrollment	0	(6) Total Attendance for Month	450
(3) Paid Enrollment	0	(7) Average Daily Attendance	30
(4) Total Enrollment	40	(8) License Capacity (from Application)	0

Load Eligibility

Click on "Load Eligibility" button to copy eligibility quantities from prior month claim

Meal Count Data

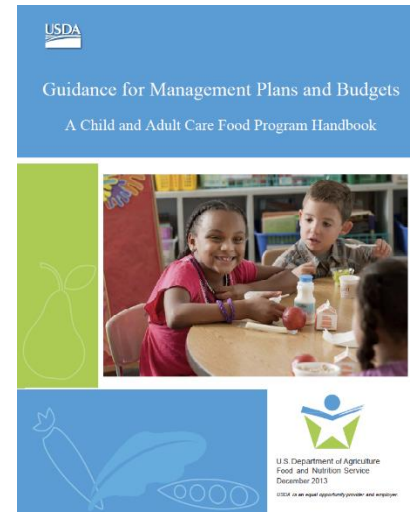
	(A)	(B)	(C)	(D)	(E)	(F)
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
(12) Total Meals	0	0	431	0	0	0
(13) Average Daily Participation	0	0	28.73	0	0	0

RECORDKEEPING

Management Plan Shows :

- How agency will operate a food program
- How finances are managed through accounting systems and internal controls
- Agency has adequate staff that are trained
- Agency has adequate infrastructure to show accountability

<https://education.alaska.gov/tls/cnp/CACFP1.html>



CERTIFICATION OF PRINCIPALS

Program Oversight

- Non-profit agencies document their board members
- Board of directors have oversight & can hire/fire Executive Director
- Regular meetings, etc.
- Certification of Principals
- Principals and board member names will be included in CNP Database

DO YOU HAVE ON FILE?

Free & Reduced Policy Statement

- Won't discriminate & will not charge a fee for meals

Pre-Award Civil Rights Review

- What is the racial/ethnic make-up of your staff, children attending, and area

CACFP Vended Food Service Agreement

- Only used if purchasing meals

Permanent Agreement

- ☐ Agreement with the State of Alaska
- ☐ Signed by authorized representative of the organization
- ☐ Signed by authorized representative of Alaska Department of Education & Early Development
- ☐ Updated this year – no state approval for FY17 without signed by Agency and EED
- ☐ Keep on file
 - Where do you keep yours?

REQUIREMENTS FOR SPONSORING ORGANIZATION OR INSTITUTION PARTICIPATION IN THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

This section applies only if the Sponsor agrees to operate the CACFP Program(s).

The Sponsoring organization or institution, as defined in 7CFR 226.2, hereafter called the Sponsor, shall comply with all provisions of 7 CFR part 226. The Sponsor further agrees to the following specific provisions, as applicable:

1. To accept final administrative and financial responsibility for total Program operations at all centers and homes, as applicable;
2. To maintain a non-profit food service verified by annual submission of a non-profit food service report and fiscal close-out report;
3. To ensure that child care centers, outside-school hours care centers, adult day care centers, At-Risk After-school Care Centers, Homeless Shelters, Head Start Centers and day care homes meet licensing/approval criteria as set forth in 7 CFR 226.6(d) and 226.6(e), excepting license-exempt institutions that may participate in the Program if they provide documentation to verify compliance with health and safety standards;
4. To submit a management plan upon application, and provide updates upon plan modifications;
5. To submit an administrative and operating budget upon application; institutions may update and submit for approval for budget modifications, sponsors must submit no less than annually as well as for budget modifications throughout the year.
6. For Proprietary Title XIX or Title XX centers, to provide documentation herewith and monthly hereafter that they are currently providing nonresidential day care services for which they receive compensation under title XIX or title XX of the Social Security Act and that not less than 25 percent of enrolled participants in each center during the most recent calendar month were title XIX or title XX beneficiaries or eligible for Free or Reduced-Price meals according to the Alaska adjusted Income Eligibility Guidelines;
7. To determine that all meal procurements with food service management companies are in conformance with the bid and contractual requirements of 7CFR 226.22;
8. To serve meals and supplements (snacks) which meet the minimum requirements prescribed in 7CFR 226.20;
9. To provide adequate and regular training in accordance with 7 CFR part 226.16(e)(12) and (e)(13) and 226.16(d)(2) and (d)(3);
10. To claim reimbursement at the assigned rates only for reimbursable meals and supplements (snacks) served to eligible participants according to provisions set forth in 7 CFR part 226 and submit monthly expenses for cumulative tracking;
11. For operations with separate meal charges, to accept responsibility for ensuring that free and reduced-price meals are served to participants unable to pay the full price and to accept responsibility for ensuring that eligibility of participants for free and reduced-price meals are made according to the current USDA income standards;

12. If charging for meals or supplements (snacks), the charge for a reduced price breakfast shall not exceed 30 cents, the charge for a reduced price lunch shall not exceed 40 cents and the charge for a reduced price supplement (snack) shall not exceed 15 cents.
13. To comply with USDA requirements regarding nondiscrimination;
14. For Day Care Home Sponsors or sponsoring organizations of unaffiliated centers, to reimburse day care homes or unaffiliated centers under their jurisdiction for eligible meals based on 7 CFR 226 and the organization and facility agreement within 5 days of receipt;
15. In the event of termination of this agreement, to repay within 30 days outstanding advances which cannot reclaim through the monthly claim for reimbursement;
16. To accept unannounced visits by State Agency (or contractors), or USDA personnel in the completion of their Program monitoring duties, to make all accounts and records pertaining to Program(s) available to the State Agency and to USDA Food and Nutrition Service, for audit or review, at any reasonable time and place in accordance with 7CFR 226 and to allow any publications related to Program operations to be freely copied in the performance of Program duties, and
17. To retain the individual applications for free and reduced price meals and supplements (snacks) submitted by families and all other required Program records for a period of 3 years after the end of the fiscal year to which they pertain except that, if audit findings have not been resolved, the records shall be retained beyond the 3 year period as long as required for the resolution of the issues raised by the audit.
18. To provide an annual list of institution principals certifying program eligibility and compliance with the National Disqualified List requirements in 7 CFR part 226.6;
19. To meet performance standards in 7 CFR part 226.6 demonstrating financial viability and financial management, administrative capability, and program accountability;
20. As applicable, to have an independent governing board of directors that has adequate oversight of the program and provide current documentation of board composition;
21. Comply with Federal audit requirements of 2 CFR Part 200. The audit must be submitted within 30 days of the institution's receipt of the audit report from the independent auditor, or nine months after the end of the audit period, whichever is sooner.

KEEP ON FILE

- Procurement Plan

- Outside Employment Policy

- Assures EED that outside employment will not constitute a real or apparent conflict of interest with the CACFP
- Must take Procurement Training if you don't have Procurement Plan – will be checked on review

OTHER ITEMS TO SUBMIT TO STATE AT RENEWAL

- ☐ Organizational Chart (most updated copy)
- ☐ Mission Statement (if changed)
- ☐ Non-discrimination Policy (if changed)
- ☐ Copy of Community Care License
- ☐ Job descriptions of all staff with CACFP duties (if changed)
- ☐ Compensatory Policy for the agency - **NEW**
 - Written policy for every element of compensation charged to program
 - Minimum: rates of pay, hours worked, including breaks and meal times
 - Policy and payment schedule for regular compensation, overtime, holiday pay, benefits, etc.
- ☐ Cycle Menus, Recipes & Analysis

RECORDKEEPING

- ❑ All records must be maintained Current + 3 years (even if program closes)
- ❑ Fiscal Year File & Monthly Files
- ❑ Fiscal Year File
 - OMER
 - Enrollment and Eligibility Records
 - Training Records
 - Civil Rights Compliance
 - Site Reviews (self-monitoring)
 - Correspondence with CNP

RECORDKEEPING

Monthly Files

- Cycle Menu Records & Working Menu Records
- Meal Count Records
- Daily Attendance Records
- Documentation of non-profit food service (receipts)

RECORDKEEPING

- ☐ Program paperwork is organized and accessible
- ☐ Participant information is kept confidential
- ☐ Permanent Agreement and Management Plan on file
- ☐ USDA Memos & State Bulletins on file

STATE AGENCY REVIEWS

Pre-Approval

First year review

At least every 3 years

- Administrative
- Operations

STATE AGENCY REVIEW FINDINGS

☐ If non-compliances are found:

- Corrective Action required with deadline
- Deadline date needs to be met
- Permanently correct issue

☐ If corrective action deadline not met, finding not permanently corrected, or serious issues found:

- Program will be deemed **seriously deficient**

STATE AGENCY REVIEW FINDINGS

❑ If program found to be seriously deficient:

- Corrective Action required with deadline
- Deadline date needs to be met
- Permanently correct issue
- State agency may do follow-up review & will temporarily defer the SD

The 2nd time program is found seriously deficient for specific finding:

- Propose to terminate program from CACFP
- No more opportunities for corrective action
- Agency may appeal a proposed termination

STATE AGENCY REVIEW FINDINGS

❑ If serious health & safety issues found on review or through licensing and/or false or fraudulent claims found

- Program is immediately suspended from CACFP
- Deemed seriously deficient and proposed to terminate from CACFP
- Will not be reimbursed for meals during this process
- No opportunity for corrective action
- May appeal the suspension/proposed termination and disqualification (but not the serious deficiency)

STATE AGENCY REVIEW FINDINGS

❑ If no appeal or appeal not overturned program will receive notice of termination

❑ Program and all responsible principals and responsible individuals will be added to the CACFP National Disqualified List (NDL)

- National list that all states check prior to approving agencies for CACFP or new responsible principals/administrators
 - Remain on the NDL for 7 years or longer if s a debt is attached

After 7 years the program or responsible parties can re-apply to the CACFP

STATE AGENCY REVIEW FINDINGS

Responsible principals

- Institution's Executive Director/Director/Department Head/Owner
- Chairman of the Board

Responsible individuals

- Employee, contractor, volunteer

APPEALABLE ACTIONS

Application denial

Notice of proposed termination

Notice of proposed disqualification of a responsible principal or responsible individual

Suspension of participation

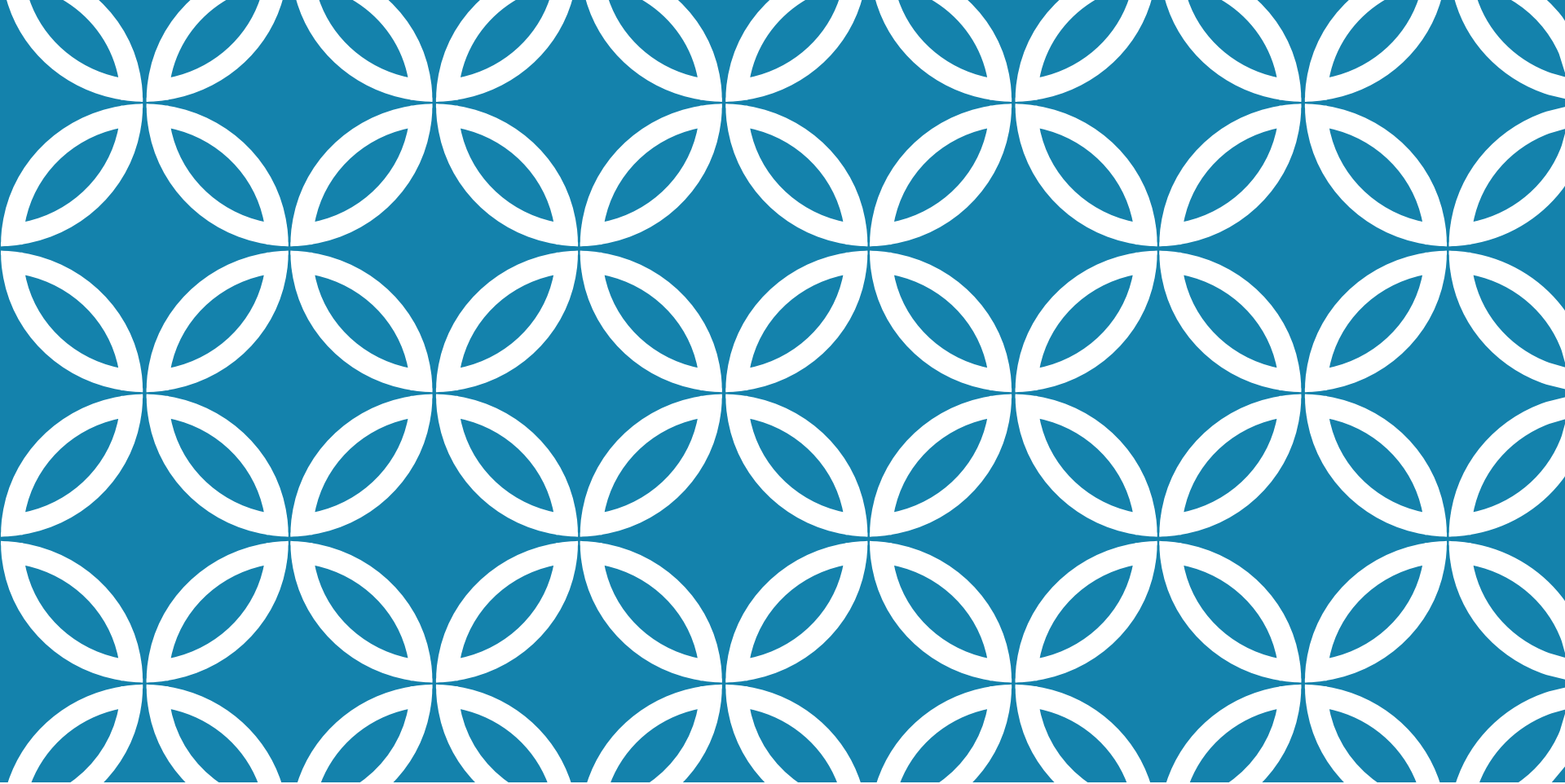
Denial of all or a part of a timely submitted claim for reimbursement

Claim deadline exceptions and request for upward adjustments to claims not forwarded to FNS

Overpayment demand

Any other action by EED affecting the participation of an institution in the Program or the institution's claim for reimbursement

See Administrative Review Procedures for more information



Alaska Child and Adult Care
Food Program
(CACFP)

CACFP Annual Training FY17
for Child, Adult, & OSHC Centers— Part 1

